

RM971 NON MEDICAL NON CLINICAL

PART 1 –

ORDER FORM

THE SUPPLY OF NON MEDICAL NON CLINICAL (NMNC) TEMPORARY AND FIXED  
TERM STAFF FRAMEWORK AGREEMENT: RM971

FROM:

<b>CUSTOMER</b>	Cabinet Office
<b>SERVICE ADDRESS</b>	1 Horse Guards Road, London, SW1A 2HQ And Priestley House, Priestley Rd, Basingstoke RG24 9NW
<b>INVOICE ADDRESS(if different)</b>	1 Horse Guards Road, London, SW1A 2HQ
<b>CONTACT REFERENCE</b>	Authoriser Name: <b>REDACTED</b> Tel: <b>REDACTED</b> e-mail: <b>REDACTED</b>
<b>ORDER NUMBER</b>	CCHR17A00
<b>ORDER DATE</b>	02/05/17

TO:

<b>SERVICE PROVIDER</b>	Allen Lane Limited
<b>SERVICE PROVIDER'S ADDRESS</b>	33 King Street London SW1Y 6RJ
<b>ACCOUNT MANAGER</b>	Name: <b>REDACTED</b> Address: 33 King Street, London, SW1Y 6RJ Tel: <b>REDACTED</b> E-mail: <b>REDACTED</b>
<b>PART 1: SERVICE REQUIREMENT</b>	
<b>PART 1.1: SERVICE AND DELIVERABLES REQUIRED:</b> Temporary Worker Requirements:	
<b>RM971 LOT:</b>	Lot 4 - Corporate Functions Supply
<b>NUMBER OF ROLES REQUIRED:</b>	1
<b>JOB ROLE/TITLE:</b>	To devise a robust forecasting model - in both resource and cash terms - for the CSPS.
<b>AGENDA FOR CHANGE PAY BAND:</b>	Band 9 equivalent (Non NHS role)
<b>AGENDA FOR CHANGE PAY POINT: (LOWEST WITHIN AFC PAY BAND UNLESS STATED)</b>	51
<b>HOURS/DAYS REQUIRED:</b>	36 hours per week
<b>ANY UNSOCIAL HOURS REQUIRED? (GIVE DETAIL) [OUTSIDE 8AM TO 6PM MON TO FRIDAY]</b>	No
<b>FEE TYPE:</b>	Non-Patient Facing (No Disclosure)
<b>IMMUNISATION REQUIREMENTS (FEE TYPE 1 ONLY)</b>	N/A
<b>DBS REQUIRED (FEE TYPE 1 AND 2 ONLY)</b>	Counter Terrorism Check
<b>HIGH COST AREA SUPPLEMENT?</b>	Inner London

<b>REGULATED OR CONTROLLED ACTIVITY (ISA)?</b>	N/A	
<b>SKILLS, TRAINING AND QUALIFICATIONS NECESSARY TO PERFORMANCE OF THE ROLE:</b>	The Worker will be a fully qualified accountant with a wide range of experience. The Worker will have finance and accountancy knowledge, ideally with experience of the Customer's finance processes.	
<b>PERSON AND DEPT TO WHOM WORK-SEEKER SHOULD REPORT AT START:</b>	<b>REDACTED</b>	
<b>POST CODE OF LOCATION WITH REQUIREMENT:</b>	SW1A 2HQ And RG24 9NW	
<b>RM971 LOT:</b>	Lot 4 - Corporate Functions Supply	
<b>NUMBER OF ROLES REQUIRED:</b>	1	
<b>JOB ROLE/TITLE:</b>	To devise a robust forecasting model - in both resource and cash terms - for the CSPS.	
<b>AGENDA FOR CHANGE PAY BAND:</b>	Band 9 equivalent (Non NHS role)	
<b>ADDITIONAL REQUIREMENTS:</b>	N/A	
<b>PART 1.2: ANTICIPATED DURATION OF CONTRACT</b>		
<b>COMMENCEMENT DATE:</b>	02/05/17	
<b>ANTICIPATED END DATE:</b>	02/11/17	
<b>TEMPORARY / FIXED TERM ASSIGNMENT:</b>	Temporary – will be paid via Service Provider's payroll.	
<b>PART 1.3: MILESTONES AND KEY DELIVERABLES</b>		
<p>The scope of the worker's duties are as follows:</p> <ul style="list-style-type: none"> <li>-To review the existing CSPS model and understand how it is compiled.</li> <li>-To set up a steering group to collate different stakeholder requirements.</li> <li>-To discuss the process for approving early exit schemes and consider how financial data can be obtained and fed into the model.</li> <li>-To open up discussions with other public sector schemes to consider how they calculate their resource and cash needs.</li> <li>-To discuss with Government's Actuary Department (GAD) the information they have on other schemes.</li> <li>-To collate data and produce a working model which can be used by all interested parties.</li> </ul>		
<b>PART 1.4: CHARGES PAYABLE BY CUSTOMER (INCLUDING ANY APPLICABLE DISCOUNT AND METHOD OF PAYMENT E.G. GOVERNMENT PROCUREMENT CARD OR BACS):</b>		
<p>The Service Provider will pay the worker at a daily rate of £ <b>REDACTED</b> per day. The worker will be responsible for his own PAYE and National Insurance payments. The Service Provider will be paid a daily Supplier fee of £ <b>REDACTED</b>, making the total daily charge to the Customer £ <b>REDACTED</b>. The Service Provider will invoice monthly via BACS.</p>		
	<b>Pre-AWR</b>	<b>Post-AWR</b>
<b>Pay to Worker(s)</b>	£ <b>REDACTED</b>	£ <b>REDACTED</b>
<b>Total Charge</b>	£ <b>REDACTED</b>	£ <b>REDACTED</b>
<b>DISCOUNTS APPLICABLE:</b>	N/A	
<b>PART 1.5: ACCEPTANCE PRIOR TO PAYMENT</b>		
<p>Supplier to provide a checklist of all services to be delivered by them prior to invoice:</p> <ul style="list-style-type: none"> <li>-DBS clearance</li> <li>-References</li> </ul>		
<b>PART 2: CUSTOMER CONTRACTUAL REQUIREMENTS</b>		
<p>This is a Direct Award against Lot 4 of the Non Medical Non Clinical Framework.</p> <p>The Service Provider will ensure that the worker is security cleared up to Counter Terrorism Check (CTC) level.</p>		

The Contract will last for six months, to begin 2nd May 2017.

The Customer shall have the right to terminate the Contract as specified in Section J of the Call-Off Terms.

**PART 3: FURTHER-COMPETITION ORDER - ADDITIONAL REQUIREMENTS**

*[GUIDANCE NOTE:*

*This Part 3 must only be used if a further competition is being used to select the Service Provider. Completion of this section for direct ordering is in breach of the Public Contracts Regulation 2006]*

<b>PART 3.1: SUPPLEMENTAL REQUIREMENTS IN ADDITION TO CALL-OFF TERMS AND CONDITIONS:</b>	N/A – Direct Award
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<b>PART 3.2: VARIATIONS TO CALL-OFF TERMS AND CONDITIONS:</b>	
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**PART 4: PERFORMANCE OF THE SERVICES AND DELIVERABLES**

<b>PART 4.1: KEY PERSONNEL OF THE SERVICE PROVIDER TO BE INVOLVED IN THE SERVICES AND DELIVERABLES:</b>	
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<b>PART 4.2: SUB-CONTRACTORS TO BE INVOLVED IN THE SERVICES AND DELIVERABLES:</b>	
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**PART 5: CONFIDENTIAL INFORMATION**

<b>PART 5.1: THE FOLLOWING INFORMATION SHALL BE DEEMED COMMERCIALY SENSITIVE INFORMATION OR CONFIDENTIAL INFORMATION:</b>	
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**BY SIGNING AND RETURNING THIS ORDER FORM THE SERVICE PROVIDER AGREES** to enter a legally binding contract with the Customer to provide to the Customer the Services specified in the Service Order Requirements set out in this Order Form [(together with where completed and applicable, the further-competition order (additional requirements))] incorporating the rights and obligations in the Call-Off Terms and Conditions set out in the Framework Agreement between the Service Provider and the Minister for the Cabinet Office.

**FOR AND ON BEHALF OF THE SERVICE PROVIDER:**

<b>NAME:</b>	
<b>TITLE:</b>	
<b>SIGNATURE:</b>	
<b>DATE:</b>	

**FOR AND ON BEHALF OF THE CUSTOMER:**

<b>NAME:</b>	
<b>TITLE:</b>	
<b>SIGNATURE:</b>	
<b>DATE:</b>	